

**Kentucky Department of Insurance
External Review Information Face Sheet**

This form is for use by the insurer or private review agent requesting the external review. The completed form shall accompany information identified on page 2 of the form submitted by the insurer or private review agent to the Independent Review Entity (IRE).

Insurer/private review agent

Company Name: _____

Contact name: _____

Address: _____

Phone #: _____

Fax #: _____

Covered Person, Authorized Person, or Provider requesting External Review

Name: _____

Address: _____

Phone #: _____

Primary Treating Provider(s) that IRE may contact for additional information

Name: _____

Address: _____

Phone #: _____

Type of External Review (check one):

- ☐ Adverse determination
- ☐ Coverage denial with a medical issue

Category of External Review (check one):

- ☐ Inpatient Services
- ☐ Outpatient Services
- ☐ Durable Medical Equipment
- ☐ Prescription Drugs
- ☐ Other (explain) _____

Following is a list of information to be submitted by the insurer to the Independent Review Entity. A check mark shall be placed in the box to the left of each item, if applicable, to indicate submission to the IRE.

- ☐ A copy of the covered person's medical records.
- ☐ A copy of the standards, criteria and clinical rationale used by the insurer to deny the treatment, procedure, drug or device.
- ☐ A copy of the covered person's health benefit plan, health insurance policy or certificate of coverage.
- ☐ Other information used by the insurer in making its decision, if applicable.
- ☐ A copy of the insurer's notice of adverse determination or notice of coverage denial.
- ☐ A copy of the request for internal appeal by the covered person, authorized person, or provider acting on behalf of covered person.
- ☐ A copy of the insurer's internal appeal determination letter upholding the insurer's decision.
- ☐ For coverage denials only, a copy of the letter issued by the Kentucky Department of Insurance directly to the insurer to cover the service or afford the covered person the opportunity for external review identifying the matter as a medical issue.
- ☐ A copy of the request for external review by the covered person, authorized person, or provider acting on behalf of and with the consent of the covered person (letter or insurer's/private review agent's internal documentation).